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Search Results - Record(s) 1 through 5 of 5 returned.

☐ 1. Document ID: US 6830180 B2

L12: Entry 1 of 5 File: USPT Dec 14, 2004

US-PAT-NO: 6830180
DOCUMENT-IDENTIFIER: US 6830180 B2

TITLE: Method for verification of a patient and of a medical treatment to be delivered to this patient

Full | Title | Citation | Front | Review | Classification | Date | Reference | | | Claims | KWIC | Draw De

☐ 2. Document ID: US 6824052 B2

L12: Entry 2 of 5 File: USPT Nov 30, 2004

US-PAT-NO: 6824052
DOCUMENT-IDENTIFIER: US 6824052 B2

TITLE: Healthcare verification methods, apparatus and systems

Full | Title | Citation | Front | Review | Classification | Date | Reference | | | Claims | KWIC | Draw De

☐ 3. Document ID: US 6637649 B2

L12: Entry 3 of 5 File: USPT Oct 28, 2003

US-PAT-NO: 6637649
DOCUMENT-IDENTIFIER: US 6637649 B2

TITLE: Record and verification method, apparatus and system

Full | Title | Citation | Front | Review | Classification | Date | Reference | | | Claims | KWIC | Draw De

☐ 4. Document ID: US 6464136 B2

L12: Entry 4 of 5 File: USPT Oct 15, 2002

US-PAT-NO: 6464136
DOCUMENT-IDENTIFIER: US 6464136 B2

h e b b g e e e f e g b ef b e

TITLE: Record and verification method, apparatus and system

Full | Title | Citation | Front | Review | Classification | Date | Reference | | | Claims | KWIC | Draw D

5. Document ID: US 5752621 A

L12: Entry 5 of 5 File: USPT May 19, 1998

US-PAT-NO: 5752621
DOCUMENT-IDENTIFIER: US 5752621 A

TITLE: Smart automatic medication dispenser

Full | Title | Citation | Front | Review | Classification | Date | Reference | | | Claims | KWIC | Draw D

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Terms	Documents
L11 and schedul$3 same (hospital$ or medicine or pharmac$3 or pharmaceutic$6)	5

Display Format: TI Change Format

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h e b b g e e e f e g b ef b e

L12: Entry 1 of 5 File: USPT Dec 14, 2004

DOCUMENT-IDENTIFIER: US 6830180 B2
TITLE: Method for verification of a patient and of a medical treatment to be delivered to this patient

Brief Summary Text (15):
In a preferred embodiment, the method further comprises generating an electronic record comprising treatment data associated with the treatment to be administered and including said identifying optical code, causing the identifying optical code of the electronic record to be read by a further optical reader in the treatment room, generating said characteristic audio signal in response to reading of said identifying code of the electronic record, and at least temporarily withholding treatment if the patient and the technologist do not agree that any audio signal generated in response to the reading of the identifying code of the electronic record is the characteristic audio signal assigned to the patient. Advantageously, the optical readers are caused to read the respective optical codes of the card and the electronic record at closely spaced times. Advantageously, the respective optical codes are caused to be read by different technologists. In an advantageous embodiment, the optical readers are located on opposite walls of the treatment room. Preferably, the optical readers are each a part of respective verification stations located at different locations inside of the treatment room and the stored identifying code is stored at a verification workstation located outside of the treatment room and linked to the respective verification stations.

Brief Summary Text (20):
In accordance with yet another aspect of the invention, a record and verify method for use with a radiation therapy system including, located in a treatment room, a radiation treatment device for providing radiation treatment and a treatment monitor for monitoring the treatment provided by the treatment device, the method comprising: using a patient chart for a patient to be treated to enter treatment data into the treatment monitor; retrieving stored treatment data for use at a verification monitor; sending the entered treatment data to the verification monitor for comparison with the stored treatment data; comparing each data entry of the entered treatment data with a corresponding stored data point of the stored treatment data; using the verification monitor to output an identifier for each data entry which, based on said comparison, is outside of predetermined tolerances; correcting, as necessary, the data entered into the treatment monitor based on the output received from said verification monitor to produce corrected treatment data; generating an electronic record of the corrected treatment data; using a high speed printer to print the prescribed treatment data on a paper verification sheet; cross-checking the corrected treatment data with previous treatment data; when the printed paper verification sheet is checked and determined to be accurate, using the radiation treatment device in treating the patient so as to generate actual core treatment data; printing said actual treatment data on the verification sheet to produce an updated verification sheet; after completion of a final treatment field of the radiation treatment, reviewing and signing off on the updated verification sheet; manually entering the actual data obtained from the treatment monitor into the patient's chart and reviewing and signing off on the manual entry of the actual data on the patient's chart; and checking the core treatment data on the printed hard copy against the actual treatment data entered into the patient's chart and, if there is agreement, signing off on the patient's chart and the paper

verification sheet.

Brief Summary Text (21):
Preferably, first and second radiation technologists carry out the method, and the first therapist is responsible for steps (a), (c), (f), (j) and (m) and the second therapist is responsible for steps (a), (b), (d), (e), (g), (h), (i), (k), (l) and (n). Advantageously, the first therapist also reviews and signs off on the paper verification sheet upon completion of the method.

Detailed Description Text (2):
Referring to FIG. 1, a block diagram is provided of one preferred embodiment of the overall system. A treatment room 10 includes a conventional linear accelerator 12 which administers the radiation treatment to the patient and which may be any conventional analog or digital system. Two laser verification stations 14A and 14B are provided in the treatment room 10 along with a treatment monitor 16. The stations 14A and 14B are identical and each preferably includes a respective barcode reader 15A and 15B and a speaker 17A and 17B placed into a single mountable box (not shown). In a preferred embodiment, the verification stations 14A and 14B are located across the treatment room 10 from each other, just beyond the isocenter in the direction of the maze, with the linear accelerator 12 being located between the stations 14A and 14B. Further, the stations 14A and 14B should be situated so that a first technologist, Technologist A, is able to scan a chart or identification card or photograph (not shown) at station 14A on the wall (the left wall is viewed in FIG. 1) while a second technologist, Technologist B, is able to scan a patient's paper verification sheet (as referred to as an electronic sheet, or e-Sheet) at station 14B on the opposite (right) wall. As described below, the e-Sheet is a verification sheet used by the technologist during treatment which shows scheduled and actual treatments. With this setup, each technologist faces towards the gantry of the accelerator 10 and the patient. It is possible to scan the chart on the right rather than the left wall but the e Sheet would then have to be scanned on the left wall scanner. It is understood that while the terms "technologist" or "therapist" are used throughout, the actions described can be carried out by any qualified person including qualified doctors, nurses and other hospital personnel and these terms are intended to cover this.

Detailed Description Text (12):
After completion of a patient's scheduled treatments, all documents in the Treatment Folder are moved to the patient's White Folder. The Treatment Folder is used during the patient's treatments. The folder contains a Treatment Chart, e Sheet, patient set-up photographs and the patient's Polaroid Photo. These items are discussed below. The Treatment Folder also contains the dose calculation work sheets and simulation data, consent form and computer isodose plans, as well as in-vivo dosimetry data. The purpose of using two folders per patient is to reduce conflicts during treatment caused by situations in which radiation treatment technologist (R.T.T.) and nursing personnel simultaneously require access to the medical record. The White Folder and Treatment Folder are presented to the Radiation Oncologist for telephone calls, patient encounters, dictation, and the like. The Treatment Chart contains a patient's original prescription and treatment schedule signed by the Radiation Oncologist. The chart is used during treatment by the Technologist to manually enter Treatment Field Values into the accelerator workstation 26. Typical Treatment Field Values are set forth in Table 2 below.

Detailed Description Text (28):
As indicated by block 88, Technologist B next gives the Accelerator workstation 26 permission to treat the patient via the VEEBAT verification workstation 20 and verbally informs Technologist A to proceed with treatment. If, during treatment, the accelerator 12 fails to give a complete treatment due to mechanical failure or technologist intervention, Technologist A may "fix" the problem and resume treatment until treatment is complete. However, if Technologist A is unable to complete treatment due to equipment failure or human decision, a Supervisor should,

at a later time but prior to next treatment, manually write in the make-up dosage in the right margin of the Treatment Chart and override the patient's VEEBAT Treatment Schedule.

Detailed Description Text (32):
Statistics can also be output for the following treatment types: electron, photon, simple, intermediate and/or complex.

Detailed Description Text (35):
Considering in more detail the use of a photograph of the patient in generating distinctive audio output, in a preferred embodiment, a photograph of the face of the patient with an identifying barcode is taped or otherwise affixed to the inside front jacket of the Treatment Chart, although the photograph and bar code can take other forms and be printed or mounted on other media. When the chart photograph, with barcode, is scanned by the barcode reader of the corresponding laser verification station in question (station 14A in the example above), a suitable audio output which is uniquely associated with, i.e., specific to, the particular patient is emitted by the speaker (not shown) of the station. Conventional methods are available to generate a specific audio output in response to a corresponding triggering input, including computer generation of sounds or tones. As described above, verification station 14B is used to scan the patient's e sheet. In the specific exemplary embodiment under consideration, the audio output is an audio signal which takes about one second to complete. Of course, while a soothing tone sequence is preferred and has important advantages, other audio outputs can be used including a recording of the patient's name.

Detailed Description Text (59):
The nurse must have a barcode bearing badge and when the nurse takes the newborn from the mother, the nurse's badge is scanned by the nurse through the barcode scanner, followed by scanning of the baby's name card from the bassinet and next followed by scanning the baby's barcode on a wristband or legband, and the baby's three-tone sequence is generated after all of these scanning operations are completed and playing of this sequence confirms that the nurse is authorized to take the baby to the nursery. It is noted in contrast to an alarm or the like, the tone sequence is soothing and reassuring.

Detailed Description Text (63):
In operation, the process would begin with the treating physician writing an order for medication on the patient's prescription. The pharmacy would receive the order for the patient and dispense the medication as assigned to a patient specific barcode on the medication container. The container with the barcode would then be given to the patient. The patient would take the bar-coded medication container to the scanner unit 180 and provide for scanning thereof. A tone sequence or like audio signal, specific to the particular patient as described above, would be emitted thereby indicating that the medication container had not been scanned in the past, e.g., two hours. In an advantageous embodiment, the system would be programmed to provide specific time window guidance as to the taking of the medication, i.e., guidance as to what medication was to be taken and within what time window, with tolerances being programmed in based on input from the pharmacist or health care provider. In any case, the program in computer 184 records and verifies that the medication container was scanned by the patient and records the medication and the time of day for later reporting. If, as shown in FIG. 6, the system is linked by modem 182 to a home health agency, the report can be sent automatically to the responsible parties via a cordless telephone link.

Detailed Description Text (66):
When the applied stick-on barcode 194 (photo, chart, I.D. card or patient band) is scanned, the patient's personal audio signal file is activated, i.e., made audible. As indicated previously, in a preferred embodiment, the audio signal is known and recognized by the patient and the radiation therapy technologists (R.T.T.s) or

other medical practitioner or caregiver. Scanning the fixed barcode 192 at the top of the check sheet 190 generates the same audio signal, confirming that the stick-on barcode 194 matches the fixed barcode 192 at the top of the check sheet 190. The check sheet 190 can be used in in-patient medication delivery and infant identification such as those described hereinabove, with I.D. bands, cards, badges and medication check sheet verification. The check sheet 190 can also be used in the outpatient medication compliance system discussed previously.

Detailed Description Text (72):
The laser printer 214 prints out labels for the drug syringes used in the chemotherapy process. A nurse indicates how many treatments are planned for the patient and printer 214 prints out the complete set of labels for all treatments for this patient. Pre-printed labels are then placed inside the patient chart. In this regard, one label is used for each treatment session as the chemotherapy drug is prepared and placed into the syringe for the patient. The printed label includes the patient name and, in a preferred embodiment, a barcode as well so as to allow the system to later verify the patient chart, flow sheet, and syringes all are for the same patient just prior to treatment delivery.

Detailed Description Text (77):
In the next step (block 242), the pre-chemotherapy treatment is administered. The pre-treatment drugs are normally administered for approximately one hour. The nurse sets up a "timing bag" at the same time, which causes an alarm to go off when pre-treatment drug delivery is completed. To assist here, a countdown timer is advantageously provided so as to enable the nurse to get an overview of each patient, their treatment status ("pre-chemo" or "chemo"), and the time remaining. After hanging the timing bag, the nurse would just select the appropriate patient chair on the touch-screen 202 and start a countdown timer to provide an alert as well as an indication as to when the pre-treatment is completed. As indicated by block 244, the nurse would normally leave the room during this period.

Detailed Description Text (78):
As set forth above, when pre-treatment is complete an alarm goes off. The nurse then retrieves patient pre-filled syringe and enters treatment room again with the patient chart (block 248). The patient chart, flow sheet, and syringe are scanned by scanner 212 and the patient specific audio signal is generated in response. More specifically, as indicated in FIG. 9(c), the barcode label on the patient chart is scanned first (block 250), the barcode label on the flow sheet is then scanned (block 252), and the patient specific audio signal is generated at the left speaker (block 254). The barcode label on the syringe is then scanned (block 256) and a patient specific tone generated at the right speaker (block 258) thereby enabling patient verification. This also verifies that all barcodes are assigned to the same patient and this, of course, includes the syringes. For high-risk patients (those with specific ICD-9 diagnosis or those flagged manually by the nurse during patient registration), the system also provides a prompt for a verification nurse to enter his or her badge or other identifier or initials at the station to indicate that someone has verified the drugs prior to administering the treatment. This simply adds an additional cross-check for high risk situations.

Detailed Description Text (80):
Once treatment is completed (block 262), the nurse selects a patient chair on touch-screen 202 and indicates that the treatment is completed. As indicated by block 264, the barcode labels on the patient chart and the flow sheet are scanned by scanner 212 but no audio signal is generated as this is not required for this step. A report can be generated at this time and printed in real-time to indicate the actual treatment given as well as the previous treatment history and the treatments remaining for the particular patient (block 266).

Detailed Description Text (81):
It will be appreciated from the foregoing that reports can be generated from the

computer station indicating the particular patients that have been treated during a given time frame. The billing secretary can use this to verify that all patients treated for a given day were billed appropriately. In addition, in a preferred implementation, billing information is transferred electronically in real-time following treatment completion to a commercial medical billing software system across a network. This latter approach captures all chemotherapy charges electronically as they occur without requiring manual efforts alone, to track all of the billing.

Detailed Description Text (89):
Turning to a more general consideration of the invention, it should be appreciated from the foregoing that the core method or process of the invention is not a primary verification tool. The invention serves to provide a secondary verification opportunity or documentation affirmation of other verification processes and does not replace or undermine other existing verification methods. One key difference between the invention and other systems or methods is that the invention enlists the patient in the identification process in a positive way. The enlistment is done in an aesthetically pleasing manner, with the above-described tones being emitted from the background. In this regard, it is noted that foreground stimuli would only further distract the caregiver and/or patient who is already bombarded by stimuli from numerous automated systems. Further, the invention does not contribute to automation induced user complacency because the identifying tone employed in the preferred embodiments of the invention, is a pleasing sound that differs from the beeps and alarms associated with other medical technologies which are designed on management by exception strategies. The system awards the user for doing the right thing, rather than penalizing the user for a misstep, which is how other systems work, and all this in view of the patient. Moreover, the tone is intended to provide specific reassurance, not alarm, in the listener. The invention preferably uses a database of protected audio files that produce a tone sequence specifically assigned to the individual patient. The listener then recognizes his or her tone chord on a long-term basis.

Detailed Description Text (90):
As more therapies move in the direction of chronic condition management as opposed to acute care management, the advantages of the invention will become even more apparent. This is particularly true in an environment noted for severe shortages in nursing personnel as well as in the area of high technology specialties such as radiation therapy, where new or temporary personnel are brought in to care for clients and patients with complicated chronic medical conditions. Delivering incorrect medication or treatments in highly specialized care settings can have a far more serious consequence in the medical environment of today than it would have just a few years ago. As treatments become much more tailored to an individual's disease or predisposition to a disease, the consequences of delivering even one wrong treatment may be far more toxic to the patient. Specific, targeted treatments often have a narrower therapeutic window, and may be beneficial only when delivered to a certain patient under certain conditions. The invention is flexible enough to be able to emit confirmatory tones under these refined scenarios, i.e., to confirm that the patient is the correct patient, the treatment chart is the right chart, and the sequencing or timing of the treatment is correct, and, as indicated above, this is all done in the background through the use of pleasant audio signals which can be recognized internationally, independently of language differences. It is noted that the chord sequences selected for international distribution could be derived from major chords for individuals of western background or a western country of origin, but could also be matched to the country of origin by using in the tone assignments, minor chords or other culturally more familiar chord-based tone sequences for individuals from non-western backgrounds or countries of origin. Further, a pre-chord sequence preferably provided that would serves as the geographic/year of origination of the tone assignment.

Detailed Description Paragraph Table (4):

GLOSSARY Accelerator The actual accelerator located in the treatment room. Accelerator System The Accelerator Workstation and the Accelerator. Accelerator Part of the Accelerator System, Consists of Workstation monitor, special keyboard, and computer. Location is outside the room of the Accelerator. Auto Setup The Accelerator System receives its Treatment Field Values from the Auto Download Verification Function Bar Code A label on the Polaroid Photo and e Sheet used to identify electronically the patients VEEBAT Account. Card Swipe Device used to identify user by badge number Cumulative Dose Total Radiation received e Sheet Verification sheet used by Technologist during treatment showing scheduled and actual treatments Error Signal Audio tone emitted from VEEBAT Workstation when an error requiring a Supervisor is required. ICD-9 Codes Used to categorize patients cancer location Laser Verification A verification station located in the treatment Station A room. Consist of a bar code reader and a speaker. Used by Technologist A to read a patients bar coded Patients Chart. Laser Verification A verification station located in the treatment Station B room consisting of a bar code reader and a speaker. Used by Technologist A in reading a patient's bar coded Patients Chart. Manual Setup The Accelerator System receives its Treatment Field Values from the Accelerator Workstation MU The length of a treatment (Monitor Units). Patients File Patients Treatment Chart, e Sheet, and Polaroid Photo PC Personal Computer. PVF Port Verification Film Polaroid Photo Picture of Patient Radiation Oncologist Physician Red Folder A patients folder until treatment is determined RT Radiation Oncology Number. RTT Radiation Therapy Technologist RTT Radiation Therapy Technologist (Technologist) Setup Room Room where Technologist A and B run the Accelerator and VEEBAT Systems Radiation Oncology Work done with the simulator to determine a Consultation patients treatment Supervisor Senior Radiation Technologist TCP/IP Network communication protocol. Technologist A Technologist responsible for VEEBAT Verification during treatment. Technologist B Technologist responsible for Accelerator Workstation during treatment. Total Dose Total prescribed dose Treatment Field Actual fields used by the Accelerator and Values verified by the Auto Download Verification Function. See Appendix A for list. Treatment Folder Folder used by Technologist during treatment Treatment Monitor A monitor located in the treatment room used to show a patients name and Treatment Field Values VEEBAT Account Electronic data entered via VEEBAT Workstation with VEEBAT Administration Function. VEEBAT A program running on a VEEBAT Workstation. Administration The program is used to create and access Function patients VEEBAT accounts stored on the VEEBAT fileserver. The program also provide various report generation functions and administrative functions (i.e. System Backup) VEEBAT Fileserver A workstation with houses the VEEBAT Database. VEEBAT Process Verify Easily Electronic Before and After Treatment Process VEEBAT System The actual components used to implement the VEEBAT Process VEEBAT Verification A program running on a VEEBAT Workstation. Function The program is used to provide a verification before and after treatment VEEBAT Workstation A workstation with monitor, keyboard, mouse, CPU, bar code reader, and card swipe. The workstation provides the VEEBAT Administration and/or Verification Function. Warning Signal Audio tone emitted from VEEBAT Workstation when an error occurred but does not require a Supervisor. White Folder A patients permanent folder during and after treatment

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L14: Entry 4 of 6 File: USPT Sep 10, 1996

DOCUMENT-IDENTIFIER: US 5553609 A
TITLE: Intelligent remote visual monitoring system for home health care service

Detailed Description Text (14):
The foregoing system may further be used to provide a continuous, or full-time, in-home monitor of the patient's condition and/or activities. The MMS 24 may thus be operated to monitor the multimedia data transmission relating to the patient, in real time, and alert the patient and/or the health care professional to the occurrence of certain predetermined events or conditions detected within the multimedia data. For example, the MMS 24 may be operated to monitor patient compliance with medical treatment such as taking medication, performing prescribed routines, abstaining from ingesting certain foods, beverages and medications, abstaining from certain physical activities and the like. The MMS 24 may also be operated to monitor lack of patient activity to alert the health care professional to patient injury, unconsciousness and death. Finally, the MMS 24 may be operated to monitor the multimedia patient data for a distress signal provided by the patient, such as through a predetermined voice command or pattern, or via a predetermined electrical signal transmitted by the patient. In any event, the patient and/or health care professional may be alerted to the detection of the predetermined event or condition by providing an audio prompt, or by automatically placing a telephone call to the appropriate party, for example.

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☐ 1. Document ID: US 20040143171 A1

Using default format because multiple data bases are involved.

L14: Entry 1 of 6 File: PGPB Jul 22, 2004

PGPUB-DOCUMENT-NUMBER: 20040143171
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20040143171 A1

TITLE: Method for generating patient medication treatment recommendations

PUBLICATION-DATE: July 22, 2004

INVENTOR-INFORMATION:

NAME	CITY	STATE	COUNTRY	RULE-47
Kalies, Ralph F.	Pickett	WI	US	

US-CL-CURRENT: 600/300; 128/925

Full | Title | Citation | Front | Review | Classification | Date | Reference | Sequences | Attachments | Claims | KWIC | Draw De

☐ 2. Document ID: US 6108685 A

L14: Entry 2 of 6 File: USPT Aug 22, 2000

US-PAT-NO: 6108685
DOCUMENT-IDENTIFIER: US 6108685 A

TITLE: System for generating periodic reports generating trend analysis and intervention for monitoring daily living activity

Full | Title | Citation | Front | Review | Classification | Date | Reference | Claims | KWIC | Draw De

☐ 3. Document ID: US 5692215 A

L14: Entry 3 of 6 File: USPT Nov 25, 1997

US-PAT-NO: 5692215

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DOCUMENT-IDENTIFIER: US 5692215 A

TITLE: System for generating periodic reports, generating trend analysis, and intervention in accordance with trend analysis from a detection subsystem for monitoring daily living activity

Full | Title | Citation | Front | Review | Classification | Date | Reference | Claims | KWIC | Draw De

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☐ 4. Document ID: US 5553609 A

L14: Entry 4 of 6 File: USPT Sep 10, 1996

US-PAT-NO: 5553609
DOCUMENT-IDENTIFIER: US 5553609 A

TITLE: Intelligent remote visual monitoring system for home health care service

Full | Title | Citation | Front | Review | Classification | Date | Reference | Claims | KWIC | Draw De

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☐ 5. Document ID: US 5148474 A

L14: Entry 5 of 6 File: USPT Sep 15, 1992

US-PAT-NO: 5148474
DOCUMENT-IDENTIFIER: US 5148474 A

TITLE: Interactive value-added telecommunications system and method

Full | Title | Citation | Front | Review | Classification | Date | Reference | Claims | KWIC | Draw De

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☐ 6. Document ID: US 3821472 A

L14: Entry 6 of 6 File: USOC Jun 28, 1974

US-PAT-NO: 3821472
DOCUMENT-IDENTIFIER: US 3821472 A

TITLE: COUGH MONITORING APPARATUS

DATE-ISSUED: June 28, 1974

INVENTOR-NAME: HERSCHER M; MARTIN T

US-CL-CURRENT: 704/233, 704/246

Full | Title | Citation | Front | Review | Classification | Date | Reference | Claims | KWIC | Draw De

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☐ 1. Document ID: US 6375038 B1

L1: Entry 1 of 2 File: USPT Apr 23, 2002

US-PAT-NO: 6375038
DOCUMENT-IDENTIFIER: US 6375038 B1
** See image for Certificate of Correction **

TITLE: Dispenser having timing means, multisensory output and means of tracking usage number

Full | Title | Citation | Front | Review | Classification | Date | Reference | Claims | KWIC | Draw De

☐ 2. Document ID: US 6151586 A

L1: Entry 2 of 2 File: USPT Nov 21, 2000

US-PAT-NO: 6151586
DOCUMENT-IDENTIFIER: US 6151586 A

TITLE: Computerized reward system for encouraging participation in a health management program

Full | Title | Citation | Front | Review | Classification | Date | Reference | Claims | KWIC | Draw De

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Terms	Documents
(6151586 or 6375038).pn.	2

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